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APPLICANTS

Gordon L. Olsen, Las Vegas, NV;

Pat S. Harrison, El Cajon, CA;

** CONTINUING DATA *****

None

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NV	SHEETS DRAWING 6	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature Initials				

ADDRESS

29338
PARK & SUTTON LLP
3255 WILSHIRE BLVD
SUITE 1110
LOS ANGELES, CA
90010

TITLE

Image display device

FILING FEE RECEIVED 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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